



## Subcontractor Qualification Form

Please complete and return for consideration to make our bid list.

Email to [landersen@sequoiagcc.com](mailto:landersen@sequoiagcc.com)

1585 Beverly Court-Unit 108, Aurora, Illinois 60502

(P)630.499.1000 (F)630.499.1808

| Company Information:                              |             |                        |                        |
|---|-------------|------------------------|------------------------|
| Company Name:                                     |             |                        |                        |
| Address:  |             |                        |                        |
| Phone:  |             | Fax:                   |                        |
| Website:  |             |                        |                        |
| Years in Business:                                |             | Number of Employees:   |                        |
| Minority Status:<br>(Please check all that apply) | MBE         | WBE                    | VBE DVBE DBE SBE Other |
| Percent of work Performed by others:              |             | Size of Jobs Performed |                        |
| Union Affiliation:                                | Union       |                        | Non Union              |
| Primary Contact:                                  |             | Title                  |                        |
| Direct Line:                                      |             |                        |                        |
| Email:  |             |                        |                        |
| Trades performed:                                 |             |                        |                        |
| Project Categories:<br>(Check all that apply)     |             |                        |                        |
| Commercial  | Industrial  | Retail                 | Religious              |
| Hospitality                                       | Educational | Healthcare             | Other Specify:         |
| Project Types:                                    |             |                        |                        |
| New   | Remodel     | Interior Build Out     |                        |

| Insurance Coverage:                                    |     |                      |
|--|-----|----------------------|
| Insurance Company for General Liability:               |     |                      |
| Our Minimum Limits:                                    |     | Your Limits:         |
| Each Occurrence Limit Minimum: \$1,000,000             |     |                      |
| Personal & ADV Injury Limit Minimum: \$1,000,000       |     |                      |
| General Aggregate Limit Minimum: \$2,000,000           |     |                      |
| Products – Comp/OP AGG Limit Minimum: \$2,000,000      |     |                      |
| Insurance Company for Umbrella:                        |     |                      |
| Our Minimum Limits:                                    |     | Your Limits:         |
| Each Occurrence Limit Minimum: \$5,000,000             |     |                      |
| Aggregate Limit Minimum: \$5,000,000                   |     |                      |
| Insurance Company for Workman’s Comp:                  |     |                      |
| EL Each Incident Limit Minimum: \$1,000,000            |     |                      |
| EL Disease - EA Employee Limit Minimum: \$1,000,000    |     |                      |
| EL Disease Policy Limit Minimum: \$1,000,000           |     |                      |
| Products – Comp/OP AGG Limit Minimum: \$1,000,000      |     |                      |
| Insurance Company for Auto:                            |     |                      |
| Combined Single Limit Minimum: \$1,000,000             |     |                      |
| Waiver of Subrogation?                                 |     |                      |
| Is Your Company Bondable?                              |     |                      |
| Surety Company:  |     |                      |
| Single Job Limits: \$                                  |     | Aggregate Limits: \$ |
| Current Experience Modification Rate:                  |     | Last Year’s Rate:    |
| Additional Questions:                                  |     |                      |
| Have you failed to complete a contract?                | Yes | No                   |
| Have you been involved in bankruptcy or renegotiation? | Yes | No                   |
| Do you have pending judgement claims or law suits?     | Yes | No                   |

|  |     |        |
|--|-----|--------|
| In the previous three years has your company been cited for a serious violation (as defined by OSHA)   | Yes | No     |
| If you have answered YES to any of the above please explain: (Add pages if needed)   |     |        |
| List Three Trade References:   |     |        |
| Company Name:  |     |        |
| Address:   |     |        |
| Contact Name:  |     | Phone: |
| Website:   |     |        |
| Company Name:  |     |        |
| Address:   |     |        |
| Contact Name:  |     | Phone: |
| Website:   |     |        |
| Company Name:  |     |        |
| Address:   |     |        |
| Contact Name:  |     | Phone: |
| Email:   |     |        |
| Final Steps to Complete Form:  |     |        |
| Please include the following in a separate document: <ol style="list-style-type: none"> <li>1) A list of the current jobs that your company is working on.</li> <li>2) A list of jobs your company has completed in the last three years.</li> </ol> |     |        |